

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09703465
APPLICANT(S)

FILING DATE

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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TOTAL IND.	2											
TOTAL DEP.	40											
TOTAL CLAIMS	42											

TOTAL IND. 2 TOTAL DEP. 40 TOTAL CLAIMS 42

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